LEAGUE LIABILITY WAIVER

Each of the undersigned hereby states: I am fully aware and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other losses and damages associated with my child's participation in a full contact lacrosse tournament, clinic, practice, game, camp, program and/or other activities that are sponsored by, hosted by, operated by, arranged by, or otherwise involving McHenry Township FIRE Lacrosse, that take place at facilities owned, leased, or operated by McHenry Township FIRE Lacrosse. I certify that my child is in good mental and physical condition. My child and I understand the inherent risks associated with playing lacrosse and we also understand the inherent risks of participating in this event.

I agree on behalf of myself, my heirs and my personal representatives that McHenry Township FIRE Lacrosse, and their owners, directors, officers, agents, employees, volunteers, and training staff (collectively the Covered Parties) shall not be held liable for any injury, damage to personal property, loss of life, or other loss or damage as a result of my child's participation in this event or any activities relating to McHenry Township FIRE Lacrosse or conducted by the Covered Parties. It is my specific intention that none of the Covered Parties shall have any liability whatsoever as a result of or in connection with my child's participation in any McHenry Township FIRE Lacrosse event. I hereby waive any claims that I might have against any Covered Parties and release all Covered Parties from any such liability; I agree to indemnify the Covered Parties against any such claims. In addition, I hereby give my consent to McHenry Township FIRE Lacrosse and facilities involved with McHenry Township FIRE Lacrosse, its owners and operators and all other Covered Parties to provide, through the medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my child's participation in activities related to participating with McHenry Township FIRE Lacrosse. Notwithstanding the foregoing, I understand and agree that none of the Covered Parties have any obligation to provide any such medical/athletic training attention and the lack of any such medical/athletic training attention or the provision thereof on

voluntary basis shall be covered by the waiver and release set forth in this paragraph.

Media Release

McHenry Township Fire Lacrosse players may be filmed or photographed during practice, games, and other events. These pictures and videos may be used in local newspapers, local television, on our website, our Facebook fan page and in other publications to promote our program. By registering, you authorize McHenry Township Fire Lacrosse to display such videos or photographs of your child, as the program deems appropriate.

Medical Release

I hereby authorize McHenry Township FIRE Lacrosse and All Covered Parties to obtain necessary medical treatment for the Minor if the Minor is deemed medically unfit by a medical professional and hereby, in my own behalf and on behalf of the Minor, release and hold harmless Releases in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical bills that may be incurred on behalf of the Minor for any illness or injury that the Minor may sustain during the Event and while traveling to and from the site for the Event whether or not the Event actually occurs. I represent that any medication to which the Minor is allergic or medicates that the Minor is currently taking are listed below. I agree that the Minor shall bring medications, which the Minor is currently taking with him/her to the Event and that he /she shall consume the prescribed dosage for such medications by themselves or with their Parent/Guardian. McHenry Township FIRE Lacrosse, owners, directors, operators, employees and All Covered Parties are not responsible for administering medication or preventing allergic reactions due to consumption of food, beverage or any other substance, thing, object, inhaling, or touching anything in the surrounding environment of the event.

Player Division:_____ Athlete's Date of Birth:_____
Athlete's Name (Please Print):_____
Parent/Guardian's Name (Please Print):_____
Parent/Guardian Signature:_____Date:_____
Relationship to Athlete:_____
Phone Number:_____
Parent Email:_____
Medications (If Any):_____
Allergies (If Any):_____
Health Insurance:_____Policy Number:_____